



ILLINOIS EMERGENCY MANAGEMENT AGENCY
DIVISION OF NUCLEAR SAFETY
1035 OUTER PARK DRIVE
SPRINGFIELD, ILLINOIS 62704

APPLICATION FORM FOR A MEDICAL RADIOACTIVE MATERIAL LICENSE

Complete all items if this is an initial application or renewal of a license. Use supplementary sheets where necessary. Retain one copy and submit the original and one copy of the entire application to the Illinois Emergency Management Agency.

This State Agency is requesting disclosure of information that is necessary to accomplish the statutory purpose as outlined under 32 Ill. Adm. Code 330. Disclosure of this information is required. Failure to provide any information may result in denial of a radioactive material license. This form has been approved by the State Forms Management Center.

ITEM 1. Type of application (Check one)

☐ NEW LICENSE ☐ RENEWAL ☐ AMENDMENT Radioactive Material License # _____

ITEM 2. Applicant's Name and Mailing Address

(Applicant must be the legal entity or individual responsible for the license.)

ITEM 3. Person to Contact Regarding This Application:

Phone #:

Phone #:

Fax #:

Fax #:

E-mail:

E-mail:

ITEM 4. Address(es) Where Radioactive Material Will Be Used ☐ **Stored** ☐ **Used and Stored** ☐

Phone #:

Phone #:

Request for TEMPORARY JOB SITES (\leq 180 days during any consecutive twelve-month period): Yes ☐ No ☐

ITEM 5a. Individual(s) Who Will Use Radioactive Material (Attach evidence of appropriate Training and Experience).

List names and requested uses of material.

Name: _____ Subparts: _____

Name: _____ Subparts: _____

Name: _____ Subparts: _____

Name: _____ Subparts: _____

Name: _____ Subparts: _____

Name: _____ Subparts: _____

Name: _____ Subparts: _____

ITEM 5.b. Teletherapy Physicist ☐ Not Applicable

Name: _____

(Attach Exhibit B for evidence of Training & Experience.)

ITEM 6. Radiation Safety Officer (RSO) (Attach Exhibit B for evidence of Training and Experience)

Name: _____ Phone #: _____

☐ No duties and responsibilities other than those described in 32 Ill. Adm. Code 335.1020(b).

☐ Duties and responsibilities in addition to those specified in 32 Ill Adm. Code 335.1020(b) are attached.

ITEM 7a. Radioactive Material (Check all that apply)

RADIONUCLIDE	CHEMICAL and/or PHYSICAL FORM	MAXIMUM ACTIVITY PER SOURCE	MAXIMUM POSSESSION LIMIT
<input type="checkbox"/> Co-60	Sealed Source for use in a teletherapy unit as identified in 32 Ill. Adm. Code 335.8010 (Subpart I) (Identify Manufacturer & Models, etc.)		
<input type="checkbox"/> Any in 32 Ill. Adm. Code 335.3010	Any radiopharmaceutical identified in 32 Ill. Adm. Code 335.3010 (Subpart D).		As needed
<input type="checkbox"/> Any in 32 Ill. Adm. Code 335.4010 OR	Any radiopharmaceutical identified in 32 Ill. Adm. Code 335.4010 (Subpart E), excluding gases.		
<input type="checkbox"/> Any in 32 Ill. Adm. Code 335.4010	Any radiopharmaceutical as gases identified in 32 Ill. Adm. Code 335.4010 (Subpart E).		As needed
<input type="checkbox"/> Any in 32 Ill. Adm. Code 335.5010 OR	Any radiopharmaceutical identified in 32 Ill. Adm. Code 335.5010 (Subpart F).		As needed
<input type="checkbox"/> Any in 32 Ill. Adm. Code 335.5010	Any radiopharmaceutical identified in 32 Ill. Adm. Code 335.5010 (Subpart F) that does not require hospitalization.		As needed
<input type="checkbox"/> Any in 32 Ill. Adm. Code 335.6010	Any radiopharmaceutical identified in 32 Ill. Adm. Code 335.6010 (Subpart G).		As needed
<input type="checkbox"/> Any in 32 Ill. Adm. Code 335.7010	Any sealed source identified in 32 Ill. Adm. Code 335.7010 (Subpart H), excluding remote afterloader devices.		As needed
<input type="checkbox"/> Any in 32 Ill. Adm. Code 335.7010	Any sealed source in remote afterloader devices identified in 32 Ill. Adm. Code 335.7010 (Subpart H). (Identify Manufacturer & Model, etc.)		As needed

32 Ill. Adm. Code 335.2040 will be authorized unless otherwise indicated.

ITEM 7b. Radioactive Material for Uses Not Listed in Item 7.a. (Check all that apply)			
RADIONUCLIDE	CHEMICAL and/or PHYSICAL FORM and MATERIAL USE	MAXIMUM ACTIVITY PER SOURCE	MAXIMUM POSSESSION LIMIT
<input type="checkbox"/> Any in 32 Ill. Adm. Code 330.220(f)(1)	Prepackaged kits.		
<input type="checkbox"/>			
<input type="checkbox"/>			

ITEM 8. Radiation Safety Committee (Check one)

☐ No duties and responsibilities other than those described in 32 Ill. Adm. Code 335.1030(b).
 ☐ Duties and responsibilities in addition to those described in 32 Ill. Adm. Code 335.1030(b) are attached.

ITEM 9. Instrumentation

Attach a completed Exhibit C from Instructional Set 52.2 or equivalent.

☐ In accordance with 32 Ill. Adm. Code 310.30, we hereby request an exception from the requirements of 32 Ill. Adm. Code 335.2020 for possessing a radiation survey instrument over the range of 1 mrem - 1000 mrem per hour, since we are only using diagnostic radiopharmaceuticals and we do not use a Mo-99/Tc-99m generator.

ITEM 10a. Dose Calibrator Calibration and Operability Checks (Check one)

☐ We will calibrate dose calibrators in accordance with the procedure identified in Appendix D of Instructional Set 52.2 dated November 1995.
 ☐ We will calibrate dose calibrators in accordance with the attached procedures.

ITEM 10b. Instrument Calibration and Operability Checks (Check one)

☐ Radiation survey/monitoring instruments will be calibrated by a service company authorized to perform such services. We will maintain a copy of the company's license authorizing such services.
 ☐ We will calibrate radiation survey/monitoring instruments in accordance with the attached procedures, which contain all information requested in Appendix E of Instructional Set 52.2 dated November 1995.

ITEM 11. Facilities and Equipment

☐ Diagrams of radioactive material use and storage areas are attached.
 ☐ Letter from facility project owner is attached.
 ☐ The applicant/licensee owns the property.

ITEM 12. Personnel Training Program (Check one)

☐ Description of training program, including frequency, form and duration of training is attached.
 ☐ We will use the training program identified in Appendix Q of Instructional Set 52.2 dated November 1995.

ITEM 13. Procedure for Ordering and Receiving Radioactive Material

☐ Procedure for ordering and receiving radioactive material is attached.

ITEM 14. Procedure for Safely Opening Radioactive Material Packages (Check one)

☐ We will use the procedure identified in Appendix H of Instructional Set 52.2 dated November 1995.
 ☐ Procedure is attached.

ITEM 15. General Rules for the Safe Use of Radioactive Material (Check one)

☐ We will use the procedure identified in Appendix I of Instructional Set 52.2 dated November 1995.
 ☐ Procedure is attached.

ITEM 16. Emergency Procedure (Check one)

- ☐ We will use the procedure identified in Appendix J of Instructional Set 52.2 dated November 1995.
- ☐ Procedure is attached.

ITEM 17. Waste Disposal (Check one)

- ☐ We do not wish authorization for alternate disposal methods.
- ☐ Alternate disposal methods are detailed in an Attachment to this application. (This includes Decay-in-Storage procedures for isotopes with $T_{1/2} < 90$ days.)

ITEM 18. Testing Sealed Sources for Leakage and/or Contamination (Check one)

- ☐ We will use a commercial service to perform analysis of leakage and/or contamination samples. We will maintain a copy of the commercial service's license authorizing such services.
- ☐ We will perform our own sample analysis for source leakage and/or contamination. Procedure is attached.

ITEM 19. Therapeutic Use of Radiopharmaceuticals (Check one)

- ☐ Not applicable.
- ☐ We will use the procedure identified in Appendix L of Instructional Set 52.2 dated November 1995.
- ☐ Procedure is attached.

ITEM 20. Bioassays for Therapeutic Use of Radioiodine (Check one)

- ☐ Not applicable.
- ☐ We will use the procedure identified in Appendix M of Instructional Set 52.2 dated November 1995.
- ☐ Procedure is attached.

ITEM 21. Sealed Sources for Brachytherapy (Check one)

- ☐ Not applicable.
- ☐ We will use the procedure identified in Appendix N of Instructional Set 52.2 dated November 1995.
- ☐ Procedure is attached.

ITEM 22. Procedure for Use of Radioactive Gases (Check one)

- ☐ Not applicable.
- ☐ Unrestricted area concentration and required ventilation rate calculations are attached.

ITEM 23. Personnel Monitoring (Check all that apply)

TYPE	EXCHANGE FREQUENCY	FILM	TLD	OSL
<input type="checkbox"/> Whole body	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Extremity	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Direct reading dosimeters will be used and calibrated in accordance with Appendix P of Instructional Set 52.2 dated November 1995.				
<input type="checkbox"/> Direct reading dosimeter use and calibration procedures are attached.				

ITEM 24. License Fees (Refer to 32 Ill. Adm. Code 331)

Please do not submit your fee payment. New applicants will be billed a prorated fee for the portion of the billing year remaining from the date the application is received. Licensees adding sites or changing fee categories will be billed when the license is amended. Existing licensees and applicants are also subject to annual bills as specified in 32 Ill. Adm. Code 331.

Fee Category _____

ITEM 25. Financial Assurance

The applicant must satisfy applicable financial assurance requirements as described in 32 Ill. Adm. Code 326.

NEW APPLICANT (Check one)

☐ Exempt ☐ \$25,000 arrangement will be provided at a later date ☐ Reclamation plan/cost estimate attached

RENEWAL OR AMENDMENT (Check one)

☐ Exempt ☐ Existing document reviewed – no changes necessary ☐ Limiting condition applies
☐ Updated reclamation plan/cost estimate attached

ITEM 26. Certification**EACH APPLICANT MUST COMPLETE SECTION A.**

A. I have reviewed the above items and hereby certify that my radiation protection program meets the current 32 Ill. Adm. Code, radioactive materials license with active amendments, operating procedures and ALARA Program, and that all information contained herein, including any supplements attached hereto, is true and correct to the best of my knowledge and belief.

SIGNATURE: _____

DATE: _____

NAME: _____

(Print or Type)

TITLE: _____

COMPLETE THIS SECTION IF THE APPLICANT IS AN INDIVIDUAL:

B. If you are applying as an individual, rather than as a corporation or other legal entity, you must provide the following information in order to process your application:

Have you defaulted on an educational loan guaranteed by the Illinois Student Assistance Commission? Yes ☐ No ☐

I certify, under penalty of perjury, that I am not more than 30 days delinquent in complying with a child support order. Failure to certify may result in a denial of the license and making a false statement may subject you to contempt of court. (5 ILCS 100/10-65)

I declare that all information either included with or appearing on this application is accurate and true to the best of my knowledge.

SIGNATURE: _____

DATE: _____

APPLICANT'S SOCIAL SECURITY NUMBER: _____